



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

PALAU

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Palau

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

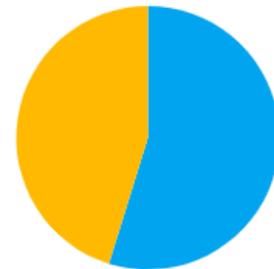
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$145,466
 State MCH Funds	\$120,000
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$0

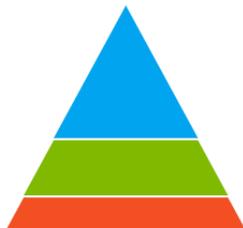
FY 2018 Expenditures



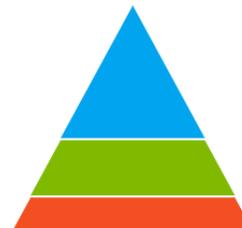
Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$87,279	\$72,000
 Enabling Services	\$36,366	\$30,000
 Public Health Services and Systems	\$21,821	\$18,000

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



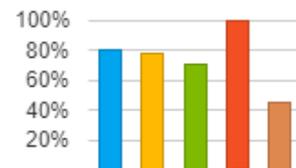
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	80.0%	\$62,348
■ Infants < 1 Year	78.0%	\$27,056
■ Children 1 through 21 Years	70.0%	\$80,603
■ CSHCN (Subset of all Children)	100.0%	\$66,158
■ Others *	45.0%	\$14,801

FY 2018 Expenditures
Total: \$250,966



FY 2018 Percentage Served



*Others— Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	0
■ State Title V Social Media Hits:	0
■ State MCH Toll-Free Calls:	0
■ Other Toll-Free Calls:	0

State does not have a toll-free hotline.
State did not provide a State Title V Program Website or State Title V Social Media Website.

Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Increase the number of community health centers that provide preventive medical visit for women
NPM 4	Breastfeeding	ESM 4.1	Increase by 5% annually the number of pregnant women provided with breastfeeding education and counseling.
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.1	Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11
NPM 8.2	Physical Activity Ages 12 through 17	ESM 8.2.1	Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for adolescents, ages 12 through 17
NPM 10	Adolescent Well-Visit	ESM 10.1	Increase by 5% annually the number of awareness campaigns on the importance and positive impact of annual school health screening provided to Parents and Teachers Association (PTA) meetings
NPM 11	Medical Home	ESM 11.1	Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 2	Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.	Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs
SPM 3	Improve immunization coverage for HPV and TDAP for children ages 12 to 17 years old in the next 5 years	Adolescent Health, Children with Special Health Care Needs

State Outcome Measures

SOM #	SOM Title	Reporting Domain(s)
SOM 1	Percent of children screened and enrolled in early intervention	Perinatal/Infant Health, Child Health, Children with Special Health Care Needs
SOM 2	Percent of child maltreatment cases receiving care	Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs
SOM 3	Percent of children ages 0-5 who received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertusis, Haemophilus Influenza, and Hepatitis B	Perinatal/Infant Health, Child Health, Children with Special Health Care Needs

Executive Summary

Program Overview

The Title V Maternal and Child Health block grant is administered by the Family Health Unit under the Division of Primary & Preventive Health within the Bureau of Public Health, one of four bureaus under the Ministry of Health. The vision of the Family Health Unit is 'Palau's Families are Healthy and Leading Quality Lives: Allowing them to be productive members of their families, their communities and the nation'. Our mission is 'To improve the health of families through provision of quality and comprehensive public health and medical services'. It is through this vision and mission that the program aims to provide services to ensure success in preconception and inter-conception care through improved birth outcomes that support healthier women, mothers, adolescents, children and infants.

The Maternal and Child Health Program is the only program in the Republic of Palau that provides promotive, primary and preventive services especially to children 0-5 years of age. Tertiary health care services for children 0-5 years of age are referred to visiting specialist physicians and off island medical centers. A majority of Palau's population fall below the 100% federal poverty guideline and by US standards, the entire nation of Palau is a rural area. With the limited medical capabilities and resources, Palau remains a medically underserved area. Health services in Palau continue to be heavily subsidized by the Government with a great proportion of this budget spent on funding of secondary and tertiary medical services. Almost all funding that goes into supporting MCH basic services are derived from U.S. Federal and other bi-lateral and multi-lateral sources. These services are provided through the Bureau of Public Health within the Family Health Unit and the Community Health centers. In proactively responding to limited facilities, the program provides mass education through public radios, television, community education, school talks and interest group discussions to further encourage primary and preventive health care among the MCH population.

<https://chindits.files.wordpress.com/2011/06/palau-map.jpg>



The program completed a needs assessment in 2014/2015 to assess the health status of women, infants and children in Palau and to identify priority needs for Title V block grant.

Each year the program completes mini assessments on program activities that provides us direction on activities that are developed for the following year. These assessments provide an opportunity for the program to measure success of activities that were planned and implemented and plan for new activities to respond to changing needs. These also provides the program the opportunity to look at our own capacity resources and gaps in our operations and develop contingency response plans. From these needs assessments the following priorities were identified for the MCH Program.

Priority Area	Performance Measure	
Women's/Maternal Health <ul style="list-style-type: none"> increase the percentage of pregnant women accessing prenatal care 	NPM 1	Percent of women with past year preventive visit
Perinatal/Infant Health <ul style="list-style-type: none"> reduce infant mortality 	NPM 4	A)Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through six months
	NPM 5	Percent of infants placed to sleep on their backs
Child/Adolescent Health <ul style="list-style-type: none"> increase percentage of children and adolescents who participate in the annual school health screening decrease prevalence of childhood obesity reduce the burden of adolescent injury and improve immunization rates 	NPM 7	Rate of injury-related hospital admissions per population ages 0 through 19 years
	NPM 8	Percent of children ages 6 through 11 years and adolescents ages 12 through 17 who are physically active at least 60 minutes per day
	NPM 10	Percent of adolescents with a preventive services visit in the last year
	SPM 2	Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.
Children with Special Health Care Needs <ul style="list-style-type: none"> improve systems of care for children with special health care needs 	NPM 11	Percent of children with and without special health care needs having a medical home
	SPM 3	Improve immunization coverage for HPV and TDAP for children ages 12 to 17 years old in the next 5 years

Women's/Maternal Health

Priority - increase the percentage of pregnant women accessing prenatal care

Accomplishments

Palau continues its effort to promote and educate mothers on the importance of early prenatal care. In 2018, 38% of females delivering a live birth received prenatal care beginning in the first trimester. About 40% received prenatal care in the second trimester. However, through community partnerships and awareness efforts other pregnant women access early prenatal care through private clinics. These women are then referred by the private clinics to public health for subsequent prenatal care and booking (2nd and 3rd trimesters). Availability of Family Planning Services are offered to all women within the reproductive age group to include postpartum women during their 6 weeks visit.

Challenges

Access to care is still an issue for women in Palau. This encompasses a wide array of access from entry into prenatal care, seeking education for health improvement in terms of tobacco cessation, weight management, chronic disease management to name a few. It is believed to be that women are taking on too many roles that they seldom take time to consider to manage their own health status as they are busy taking care of others.

Plans

- Continue to maintain and align reproductive health community outreach with other public health programs to maximize availability of resources and improve birth outcomes
- Strengthen efforts to ensure traditionally and culturally competent services reflective to the needs of women and men of reproductive age in Palau (i.e. Clinic hours, clinic locations, and identifying providers who better address client needs)
- Maintain strategic collaborations with community partners (such as the Civic Action Team) in providing a diverse workforce to provide services to Palauan's who are not comfortable speaking to a Palauan provider.

- Advocate for increased male participation in seeking preventive health so that they can support and encourage women to access available health care services

Perinatal/Infant Health

Priority - reduce the number of infant mortality

Accomplishments

Through strong community partnerships with the "Breastfeeding Community Workgroup", a designated area within the health facility was established to provide health education and promote safe sleep and breastfeeding as a protective factor and a strategy to prevent infant mortality. In 2018, 98% of infants born were breastfed at birth. Exclusive breastfeeding up to 3 months has remained the same from 55% in 2014 to 52% in 2018. In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. Furthermore, the Palau Non-Communicable Disease prevention and control included in their action plan (2015-2020) under "Improving Nutrition" to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners.

Challenges

In 2018, there were 29 preterm births of <37 weeks' gestation in Palau representing 11.5% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy. The percentage of infants born at low birth weight (LBW) of <2,500 grams has slightly decreased in 2018 at 11% as compared with 15% in 2014. 75% of 19 to 35 month olds received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B in 2017. Another challenge the program has is the need to properly diagnose infants who are provided a hearing screening service and need to have a diagnosis by an audiologist. There is no audiologist on island and we continue to heavily rely on visiting ENT specialists.

Plans

- Continue to advocate and encourage parents on the importance of bringing their infants in for their scheduled immunization.
- Support breastfeeding initiative through public health partners to increase education and awareness of the importance of exclusive breastfeeding up to six months
- Strengthen safe sleep campaign and first embrace participations with men and women, clinic providers, particularly the OB/GYN and pediatrician
- Reduce tobacco use of women in collaboration with partner public health programs, such as the Prevention Unit
- Launch a functioning Fetal Infant Mortality Review committee

Child/Adolescent Health

Priority - increase percentage of children and adolescents who participate in the annual school health screening, decrease prevalence of childhood obesity, reduce the burden of adolescent injury and improve immunization rates

Accomplishments

The school health program continues to provide comprehensive health screening services annually to all schools in the Republic of Palau, including both public and private schools. All children are offered immunization based on the national immunization schedule. The Ministries of Health and Education are working together to ensure that children who miss their age appropriate immunizations receive their needed vaccinations by reaching out to the parents for consent. In 2018, the program identified and referred 60% of the participating students for further assessment, counseling and to receive free preventive medical visits.

Challenges

From 2014 to 2018, there was a noticeable increase in the number of students who experienced depression as well as the thought of harming oneself. Additionally, there is an increase in the number of students who are bullied in school or at home or have experienced strong fears. Overall, 14% of the students screened between the ages of 5 to 11 years old were overweight or obese ($\geq 85^{\text{th}}$ %ile) and 23% were obese ($\geq 95^{\text{th}}$ %ile) in 2018. High levels of overweight and obesity for both male and female indicate a need for collaborated efforts to improve diet and physical activities. Efforts to find innovate solutions to improve child and adolescent weight issues are limited to resources available that are few and sometimes antiquated.

Plans

- Increase the number of children that participate in the annual school screening
- Reduce the obesity rate
- Reduce the rate of adolescent suicide ideation
- Increase immunization coverage rate for school age children

Children with Special Health Care Needs

Priority – improve systems of care for children with special health care needs

Accomplishments

The program works with interagency partners to strengthen collaborations and to also refine referral process for children who are diagnosed with special conditions. The program continues to work with the state Early Childhood Comprehensive System team to provide awareness of services and the medical home concept. Case conferencing is provided on a monthly basis for updates and follow ups and trainings are provided on case management and entry into available early intervention services.

Challenges

With the limited medical capabilities and resources, Palau remains a medically underserved area and this creates challenges for families with children with special health care needs they are reliant on visiting specialist physicians. This coupled with the costs of seeking specialized care outside of Palau places added burden to families. There remains a lack of transition services and programs, community based rehabilitation services for those in the outlying states and especially for those children that age out of our care.

Plans

- Expanding the membership of the interagency collaborative
- Strengthen partnership with our family support organization and disseminate information to educate parents about the concept of a medical home
- Increase care coordination with partner agencies

The Title V program works in tandem with public health programs, partner ministries and community organizations to provide comprehensive care and services to our MCH population. The program, through a holistic lens, strives to work with partners in the community and within the government and through our Family Support Organization - Palau Parents Empowered. Within the public health spectrum, program offices that work around areas of non-communicable diseases, communicable diseases, immunization and the community health centers partner with each other's activities to address common identified needs. The program relies on these partnerships to provide comprehensive services such as health screenings for children, adolescents as well as women (and men) and immunization for children. Current funding is limited and so the program relies heavily on these partnerships (public health and non-public health programs) to enable provision of preventive care and health maintenance for our MCH population.

How Federal Title V Funds Support State MCH Efforts

How does Title V funds support State MCH Efforts?

1. Children with Special Needs Case Conferencing
This is conducted on a monthly basis with members of our Family Partnerships. Through these monthly case conferencing clients are assessed for availability (or non-availability) of services and plans developed in response to their needs.
2. FIMR Review Committee
This committee is sponsored by the MCH program to assist the FIMR team in identifying mechanisms that need to be put in place to prevent fetal and infant mortality.
3. Male Health Awareness
The MCH program understands that a healthy family must include a healthy father. This activity responds to enabling men to become role models for young male children and healthy male relationships with women is necessary for healthy families
4. AT Risk Population Mapping
In partnership with the Ministry of Community & Cultural Affairs, information from our children with special health needs survey is being shared with this ministry to identify geographic locations of these individuals in the event of a natural disaster and ensuring medical services are provided when necessary.
5. Early Childhood Development
Program partnered with the Ministry of Education to increase efforts investing in early childhood development. This includes providing early childhood learning materials emotional, social and physical development of young children in the hopes of having a direct and lasting impact on children to maximize their future well-being.

MCH Success Story

Male Health Conference

Building on themes of previous years and also aligning it to the declaration of our President in declaring 2018 as the Year of Good Health, the theme for the 6th Male Health Conference was 'Chedechuul ma Omengull', meaning to make ends meet with the resources you have with respect to your family, your community and your country. The purpose of this conference is raise awareness and provide education to the male population about the significance of taking ownership of their health by participating in healthy activities to promote a culture of wellness. The program engaged community partnership and state leaders to facilitate the planning and actions in raising awareness of good health practices. Activities were planned and carried out in partnership with Palau National Olympic Committee to organize a walk-a-thon, with the Bureau of Public Safety for road side campaigns, with Palau Fishing Sport Association to convene fishing derby, with Palauan Musicians to engage promising youth musicians to participate in a young musicians concert, with the Bureau of Agriculture in the kebeyas (invasive vines) eradication, outreach in partnership with the Health Promotion Team (providing basic screening services, awareness and education), with the Red Cross to promote healthy living one so we can respond to blood drives and with the Emergency Health Program.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Palau

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.